Effective January 1, 2024

Option 1 Priority Health POS HSA \$1600/\$3200 100% Plan	Monthly	2024 Rate & Taxes	1	Employer Monthly Insurance Contribution	Employee Portion Per Month	Employee Jan-Dec 2024 Insurance Premiums	mployee Per Pay surance Premium 26 Pays Jan-Dec 2024
Single	\$	763.33	\$	500.00	\$ 263.33	\$ 3,159.96	\$ 121.54
2 Person	\$	1,597.64	\$	500.00	\$ 1,097.64	\$ 13,171.68	\$ 506.60
Family	\$	2,118.86	\$	500.00	\$ 1,618.86	\$ 19,426.32	\$ 747.17

Option 2 Priority Health POS HSA \$1600/\$3200 80% Plan	2024 Monthly Rate & Taxes	Employer Monthly Insurance Contribution	Employee Portion Per Month	Employee Jan-Dec 2024 Insurance Premiums	Employee Per Pay Insurance Premium 26 Pays Jan-Dec 2024
Single	\$ 719.35	\$ 500.00	\$ 219.35	\$ 2,632.20	\$ 101.24
2 Person	\$ 1,511.99	\$ 500.00	\$ 1,011.99	\$ 12,143.88	\$ 467.07
Family	\$ 2,000.01	\$ 500.00	\$ 1,500.01	\$ 18,000.12	\$ 692.31

Option 3 Priority Health HMO HSA \$1600/\$3200 800% Plan	2024 Monthly Rate & Taxes	Employer Monthly Insurance Contribution	Employee Portion Per Month	Employee Jan-Dec 2024 Insurance Premiums	Employee Per Pay Insurance Premium 26 Pays Jan-Dec 2024
Single	\$ 701.31	\$ 500.00	\$ 201.31	\$ 2,415.72	\$ 92.91
2 Person	\$ 1,475.91	\$ 500.00	\$ 975.91	\$ 11,710.92	\$ 450.42
Family	\$ 1,950.81	\$ 500.00	\$ 1,450.81	\$ 17,409.72	\$ 669.60

*The Board of Education will provide a \$1,300 HSA allocation to be distributed to the membership participating in the health care program. This prorated allocation will be deposited the first business day of January to the health savings account established by the member. The district's combined health insurance and HSA contribution shall not exceed the single payer cap amount set by PA 152. **The Board of Education will provide \$5,000 life insurance and AD&D. OR

Cash in Lieu of Medical Insurance	Cash in Lieu Monthly Payment	AND
8 Hours/260 Days Per Year	\$ 350.00	

Cash in lieu payments will be every second pay. Payroll deductions are subject to change if there is a change in insurance rates. New dental rates effective July 1.

PAK B - Dental/Vision/Lif	2024 Monthly Insurance Rates	Employer Monthly Contribution 90%	Employee Monthly Insurance Premiums 10%	Employee Jan-Dec 2024 Insurance Premiums	Employee Per Pay Insurance Premium 26 Pays Jan-Dec 2024
Single	\$ 70.79	\$ 63.71	\$ 7.08	\$ 84.95	\$ 3.27
Two Person	\$ 214.87	\$ 193.38	\$ 21.49	\$ 257.84	\$ 9.92
Family	\$ 231.20	\$ 208.08	\$ 23.12	\$ 277.44	\$ 10.6